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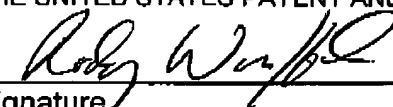
Art Unit: 3739

Examiner: Lee S. Cohen

Phone: (703) 308-2998

From: Rodney V. Warfford
Reg No. 51,304Re: Application No. 10/040,932
Filed December 31, 2001Entitled CATHETER HAVING MULTIPLE SPINES EACH HAVING ELECTRICAL
MAPPING AND LOCATION SENSING CAPABILITIES

File: 39582/KMOW112

I HEREBY CERTIFY THAT THIS PAPER IS BEING FACSIMILE TRANSMITTED TO
THE UNITED STATES PATENT AND TRADEMARK OFFICE ON February 23, 2004.
Signature*Correspondence: Request that Abandonment Be Withdrawn
Amendment dated October 9, 2003 w/Extension of
Time and Supplemental Information Disclosure
Statement With Fee
Return postcard

RVW PAS561570.1*-02/23/04 11:11 AM

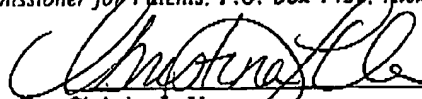
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PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
AMENDMENT TRANSMITTAL LETTER**

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 9, 2003.


Christina L. Vann

Applicant : Kristine B. Fuimaono, et al.
Application No. : 10/040,932
Filed : December 31, 2001
Title : CATHETER HAVING MULTIPLE SPINES EACH HAVING ELECTRICAL MAPPING AND LOCATION SENSING CAPABILITIES

Grp./Div. : 3739
Examiner : Lee S. Cohen

Docket No. : 39582/KMO/W112

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PostOffice Box 7068
Pasadena, CA 91109-7068
October 9, 2003

Commissioner:

Enclosed is an amendment to the above-identified application.

CLAIMS AS AMENDED						
	Claims Remaining After Amendment	Highest Number Paid For	Number Extra Claims	Small Entry Rate	Large Entry Rate	FE
Total Claims Fee	22	*28	0	0 x \$9.00	0 x \$18.00	0
Independent Claims	1	**3	0	0 x \$43.00	0 x \$86.00	0
Multiple Dependent Claims ***				\$145.00	\$290.00	0
TOTAL FILING FEE						0
NO ADDITIONAL FEE REQUIRED ****	IF NO FEE REQUIRED, INSERT "0"					0
LIST INDEPENDENT CLAIMS: 1						
* IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 20 OR LESS, WRITE "20" IN COLUMN 3 ** IF HIGHEST NUMBER PREVIOUSLY PAID FOR IS 3 OR LESS, WRITE "3" IN COLUMN 3 *** PAY THIS FEE ONLY WHEN MULTIPLE DEPENDENT CLAIMS ARE ADDED FOR THE FIRST TIME **** IF NO FEE REQUIRED, ADDRESS ENVELOPE TO "BOX NON-FEE AMENDMENTS"						

X

Attached is our check for \$0 to pay the fees calculated above.
A Petition for Extension of Time and the required fee are enclosed.

**Amendment Transmittal Letter
Application No. 10/040,932**


X Other enclosures: Supplemental Information Disclosure Statement, Form
PTO/SB/08A/B and (5) cited References.

The Commissioner is hereby authorized to charge any fees under 37 CFR 1.16 and 1.17 which may be required by or to give effect to this paper to Deposit Account No. 03-1728. Please show our docket number with any charge or credit to our Deposit Account. **A copy of this letter is enclosed.**

Respectfully submitted,

CHRISTIE PARKER & HALE, LLP

By


Rodney V. Warfford
Reg. No. 51,304
626/795-9900

RVW/clv

CLV PAS530681.1-10/9/03 3:01 PM